NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _8/948328_

Total Fee Calculation

	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Total
Basic Filing Fee	201/101				___	790	790
Total Claims >20	203/103	25	-20 = 5	X	___	116	110
Independent Claims >3	202/102	4	-3 = 1	X	___	82	82
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	___
English Translation	139				___	130	130
						___	1112

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ _____1112, 00_____

Less Filing Fees Submitted   - $ _____

BALANCE DUE   = $ _____1112, 00_____

_____J. Artis_____
Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev 5/97)